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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875  |   |   |   | Application or Docket Number<br><b>10/609,986</b> | Filing Date<br><b>06/30/2003</b> | <input type="checkbox"/> To be Mailed |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
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| APPLICATION AS FILED – PART I  |   |   | OTHER THAN<br>SMALL ENTITY                  |   |                                  |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
| (Column 1)   | (Column 2)  | SMALL ENTITY <input checked="" type="checkbox"/> OR |   | OTHER THAN<br>SMALL ENTITY                        |                                  |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
| FOR  | NUMBER FILED  | NUMBER EXTRA  | RATE (\$)                                   | FEE (\$)  | RATE (\$)                        | FEE (\$)                              |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))  | N/A   | N/A   | N/A   |   | N/A                              |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))   | N/A   | N/A   | N/A   |   | N/A                              |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))  | N/A   | N/A   | N/A   |   | N/A                              |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))   | minus 20 =  | *   | X \$ =                                      |   | X \$ =                           |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))   | minus 3 =   | *   | X \$ =                                      |   | X \$ =                           |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))  | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |   |   |   |                                  |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))   |   |   |   |   |                                  |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.  |   |   |   | TOTAL   | TOTAL                            |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
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| (Column 1)   | (Column 2)  | (Column 3)  | SMALL ENTITY                                |   | OTHER THAN<br>SMALL ENTITY       |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
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|  | Total (37 CFR 1.16(i))  | * 20  | Minus                                       | ** 20   | = 0                              | X \$26 =                              | 0                                | OR                     | X \$ =                 |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
|  | Independent (37 CFR 1.16(h))  | * 7   | Minus                                       | *** 7   | = 0                              | X \$110 =                             | 0                                | OR                     | X \$ =                 |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
|  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |   |                                  |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
|  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |   |                                  |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
|  |   | TOTAL<br>ADD'L<br>FEE                               | 0   | OR  | TOTAL<br>ADD'L<br>FEE            |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding-bottom: 5px;">(Column 1)</th> <th style="text-align: center; padding-bottom: 5px;">(Column 2)</th> <th style="text-align: center; padding-bottom: 5px;">(Column 3)</th> <th colspan="2" style="text-align: right; padding-bottom: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> <tr> <td rowspan="6" style="vertical-align: top; padding-bottom: 5px;">AMENDMENT</td> <td style="padding-bottom: 5px;">CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</td> <td style="padding-bottom: 5px;">PRESENT<br/>EXTRA</td> <td style="padding-bottom: 5px;">RATE (\$)</td> <td style="padding-bottom: 5px;">ADDITIONAL<br/>FEE (\$)</td> <td style="padding-bottom: 5px;">RATE (\$)</td> <td style="padding-bottom: 5px;">ADDITIONAL<br/>FEE (\$)</td> </tr> <tr> <td style="padding-bottom: 5px;">Total (37 CFR 1.16(i))</td> <td style="padding-bottom: 5px;">* </td> <td style="padding-bottom: 5px;">Minus</td> <td style="padding-bottom: 5px;">** </td> <td style="padding-bottom: 5px;">= </td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">X \$ =</td> </tr> <tr> <td style="padding-bottom: 5px;">Independent (37 CFR 1.16(h))</td> <td style="padding-bottom: 5px;">* </td> <td style="padding-bottom: 5px;">Minus</td> <td style="padding-bottom: 5px;">*** </td> <td style="padding-bottom: 5px;">= </td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">X \$ =</td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))</td> <td colspan="3" style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> <td colspan="3" style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;"></td> <td style="text-align: center; padding-bottom: 5px;">TOTAL<br/>ADD'L<br/>FEE</td> <td style="text-align: center; padding-bottom: 5px;">0</td> <td style="text-align: center; padding-bottom: 5px;">OR</td> <td style="text-align: center; padding-bottom: 5px;">TOTAL<br/>ADD'L<br/>FEE</td> <td style="text-align: center; padding-bottom: 5px;"></td> <td style="text-align: center; padding-bottom: 5px;"></td> </tr> </thead></table>  |   |   |   |   |                                  |                                       | (Column 1)                       |                        |                        | (Column 2)                 | (Column 3) | OTHER THAN<br>SMALL ENTITY |  | AMENDMENT  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA           | RATE (\$)                  | ADDITIONAL<br>FEE (\$) | RATE (\$)    | ADDITIONAL<br>FEE (\$) | Total (37 CFR 1.16(i))                    | *        | Minus                                       | **               | =   | X \$ =                 |           | X \$ =                 | Independent (37 CFR 1.16(h)) | *    | Minus | ***  | =   | X \$ =   |     | X \$ = | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |                              |   |       |       |     |           |     | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                  |  |   |        |  |        |  |  | TOTAL<br>ADD'L<br>FEE | 0 | OR   | TOTAL<br>ADD'L<br>FEE |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
| (Column 1)   |   |   | (Column 2)                                  | (Column 3)  | OTHER THAN<br>SMALL ENTITY       |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
| AMENDMENT  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                                  | RATE (\$)                        | ADDITIONAL<br>FEE (\$)                | RATE (\$)                        | ADDITIONAL<br>FEE (\$) |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
|  | Total (37 CFR 1.16(i))  | *   | Minus                                       | **  | =                                | X \$ =                                |                                  | X \$ =                 |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
|  | Independent (37 CFR 1.16(h))  | *   | Minus                                       | ***   | =                                | X \$ =                                |                                  | X \$ =                 |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
|  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |   |                                  |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
|  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |   |                                  |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |
|  |   | TOTAL<br>ADD'L<br>FEE                               | 0   | OR  | TOTAL<br>ADD'L<br>FEE            |                                       |                                  |                        |                        |                            |            |                            |  |            |   |   |   |                            |                            |                        |              |                        |   |          |   |                  |   |                        |           |                        |                              |      |       |  |     |          |     |        |  |                              |   |       |       |     |           |     |  |                                  |  |   |        |  |        |  |  |                       |   |  |                       |        |  |   |   |  |  |  |  |                       |  |    |                       |  |  |  |   |   |  |  |  |       |       |            |   |  |            |            |                            |  |           |   |  |   |                            |           |                        |           |                        |                        |            |              |    |                            |        |           |                   |   |   |   |                  |           |                        |           |                        |  |      |       |       |     |          |   |    |  |                              |     |       |       |     |           |   |    |                       |  |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |  |   |                  |           |                        |           |                        |                        |   |       |    |   |        |  |        |                              |   |       |     |   |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |   |    |                       |  |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Legal Instrument Examiner:  
/CORALIA BETANCOURT/